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PTO/SB/01 (12-97)



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	Attorney Docket Nu	mber	INA-PT165 (4239-18-US)		
DECLARATION FOR UTILITY OR DESIGN	First Named Invento	or	Radinger et al.		
PATENT APPLICATION	COMPLETE IF KNOWN				
(37 CFR 1.63)	Application Number	Not	Yet Known		
	Filing Date	Not	Yet Known		
Declaration Submitted OR Declaration Submitted after Initial	Group Art Unit	Not	Yet Known		
with Initial Filing (surcharge Filing (37 CFR 1.16 (e)) required)	Examiner Name	Not	Yet Known		

As a below named inventor, I hereby declare that:									
My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
PLANET CARRIER FOR A GEARBOX									
the specification of which (Title of the Invention) is attached hereto OR									
Application Number PCT	/EP2004/007637 and w	as amended on (MM/DD/Y	YYY)	(if applicable).					
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.									
Tablatowicago ino daty to	alsoloso illiolitiation villori is	material to paterial mity as							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO					
103 33 879.9	Germany	07/25/2003	0000	0000					
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:									
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.									
Application Number	r(s) Filing Date	e (MM/DD/YYYY)	numbe supple	onal provisional application ers are listed on a emental priority data sheet SB/02B attached hereto.					
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[Page 1 of 3]

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DECLADATION

DECLA	KRATIO	<u> </u>	<u> </u>	unty	or i	Jesig	n Pate	ent Ap	piicat	ion
I hereby claim the be United States of Ame United States or PCT information which is r and the national or PC	rica, listed below International appli naterial to patenta	and, insication in ability as	ofar as the ma defined	the subje nner provi in 37 CF	ct matter ided by th R 1.56 wh	of each of t	he claims of the claims of the claims of 35 U.S.	nis application C. 112. Lackn	is not disclos	ed in the prior
U.S. Parent Application or PCT Parent Number						Filing Date	Pai	rent Paten (if applic		
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Volpe and Koenig,	P.C.									
Additional registe	red practitioner(s)	named o	on suppl	emental F	Registered	Practitioner	Information sh	eet PTO/SB/0	2C attached h	ereto.
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Inventor's Signature	12	Workert			Kadinger			Date	2001-1	
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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 3

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any	Given Name (first and middle [if any]) Family Name or						
Matthias					k		
Inventor's Signature					2005-12-19 Date		
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Mailing Address Grabenstrasse 6							
Mailing Address							
city Schnaittach	State		_{ZIP} 91220	Counti	y Germany		
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Given Name (first and middle [if any))		Family N	ame or S	urname		
Inventor's Signature					Date		
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Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature			Date				
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